PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									10/0	4	2. 95	2/< <u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	0.5		R THAN
-	TOTAL CLAIN	AS					٦ <u>-</u>	RATE	FEE	OR	RATE	L ENTITY
FOR			NUMB	NUMBER FILED		UMBER EXTRA		ASIC FE			BASIC FE	FEE 2 770.00
TOTAL CHARGEABLE CLAIMS			31	31 minus 20=		_		XS 9=		7		-
INDEPENDENT CLAIMS			6	minus 3 =				X43=		OR		
M	IULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT			1 F		 	OR	X86=	
	* If the difference in column 1 is less than zero, enter "0" in column 2							145=		OR	+290=	
	LA CLAIMS AS AMENDED - PART II							OTAL		OR	TOTAL	
7	1//2/09 (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 28	Minus	4	7	=] [,	(\$ 9=		OR	X\$18=	
	Independent	1.0	Minus	7	7	=] [,	(43=		OR	X86=	
	FIRST PRES	ENTATION OF M	IULTIPLE D	EPENDENT (CLAIM		」	145=	 	1	+290=	
1	11/29/0	(Column 1)		<i>(</i> 0.)			<u> </u>	TOTAL		OR OR	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	- 4/81	Minus	- 4	1	0	X:	9=	ree	OR	X\$18=	FEE
AME	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENTIC	LAIM		X	43=		OR	X86=	
!	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=	
		•						OTAL T. FEE	·	OR A	TOTAL DDIT. FEE	
7		(Column 1)		(Column		(Column 3)	· <u>·</u>	•				
2		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	P.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	XS	9=		OR	X\$18=	
	Independent	*	Minus	222	1	= .	X4	3=		~ <u>`</u>	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
of the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FOR ADD												
11	me "Highest Nuc	nber Previously Paid ber Previously Paid	d For in THI	S SPACE is les	es than	3 enter *3 *	ADDIT.			AL.	DIT. FEE L no 1.	

Application or Docket Number